

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JUN 01 2016
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 16-0171
Date: 6-27-16
Amount Paid: \$300
Refund: 6-27-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input checked="" type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input checked="" type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		HAROLD P. LINDEZOF		Mailing Address:		16489 BAYWOOD LN		City/State/Zip:		EDEN PRARIE, MN 55346		Telephone:		952-934-3696	
Address of Property:		BAIN ROAD		City/State/Zip:		BRULE, WI 54820		Cell Phone:		952-451-4116		Contractor Phone:		Plumber: CHAD ROCHWITE 715-292-2415	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		SELF		Agent Phone:				Agent Mailing Address (Include City/State/Zip):				Plumber: CHAD ROCHWITE 715-292-2415		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-038-2-48-09-31-404-0000000		Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____									
SE 1/4, SE 1/4		Gov't Lot _____ Lot(s) _____		GSM _____ Vol & Page _____		Lot(s) No. _____ Block(s) No. _____		Subdivision: _____		Lot Size _____		Acreage 40			
Section 31, Township 48 N, Range 9 W		Town of: OULU													
<input checked="" type="checkbox"/> Shoreland →		<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes--Continue →		Distance Structure is from Shoreline: 98 feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--Continue →		Distance Structure is from Shoreline: _____ feet											

Value at Time of Completion * include donated time & material \$ 30,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	New Construction		<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: 180 S	<input type="checkbox"/> City	
							Addition/Alteration		<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: 180 S	<input checked="" type="checkbox"/> Well	
							Conversion		<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/>		
							Relocate (existing diag)		<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>			
							Run a Business on Property		<input type="checkbox"/> No Basement	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>			

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(20 x 36)	720	
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(6 x 8)	48	
	<input type="checkbox"/> with Loft	(10 x 22)	220	
	<input type="checkbox"/> with a Porch	(6 x 8)		
	<input type="checkbox"/> with (2 nd) Deck	(6 x 8)		
	<input type="checkbox"/> with Attached Garage	(6 x 8)		
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(6 x 8)		
	<input type="checkbox"/> Mobile Home (manufactured date)	(6 x 8)		
	<input type="checkbox"/> Addition/Alteration (specify)	(6 x 8)		
	<input type="checkbox"/> Accessory Building (specify)	(6 x 8)		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(6 x 8)		
	<input type="checkbox"/> Special Use: (explain)	(6 x 8)		
	<input type="checkbox"/> Conditional Use: (explain)	(6 x 8)		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Other: (explain)	(6 x 8)		
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(6 x 8)		
Rec'd for Issuance				
JUN 27 2016				
Secretarial Staff				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 5-27-2016
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 16489 BAYWOOD LANE, EDEN PRARIE, MN 55346

the box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED DRAWINGS

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Paved Road	194 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	169 Feet	Setback from the River, Stream, Creek	98 Feet
Setback from the North Lot Line	1,081 Feet	Setback from the Bank or Bluff	24 Feet
Setback from the South Lot Line BAIN RD	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	610 Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line (Cock Rock Rd)	668 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	TBD Feet	Setback to Well	TBD Feet
Setback to Drain Field	TBD Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 16-578	# of bedrooms: 2	Sanitary Date: 6-27-16			
Permit Denied (Date):		Reason for Denial:					
Permit #: 16-0171	Permit Date: 6-27-16						
Is Parcel a Sub Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record: site well staked + ribboned							
is indicating wetlands. Questionable navigability of stream							
Date of Inspection: 6-8-16	Inspected by: [Signature]	Zoning District: [Signature]		Date of Re-Inspection: [Signature]			
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)							
Necessary Use Permit + inspection to be obtained + completed by [Signature]							
Signature of Inspector: [Signature]		Date of Approval: 6-8-16					
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TDR: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	16-0178
Date:	6-27-16
Amount Paid:	\$75
Refund:	6-27-16

DECEIVED
APR 27 2016
Bayfield Co. Zoning Dept

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <u>BRYAN K BONIKOWSKIE</u>	Mailing Address: <u>1260 ERKILA RD</u> City/State/Zip: <u>ROULE WI 54820</u> Telephone: <u>715-372-4655</u>
Address of Property: <u>1260 ERKILA RD</u>	City/State/Zip: <u>ROULE WI 54820</u> Cell Phone: <u>920-538-2990</u>
Contractor: <u>SELF</u>	Contractor Phone: <u>Plumber:</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>Plumber:</u> Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: <u>1/4 SW 1/4</u>	Legal Description: (Use Tax Statement) <u>04-038 24809 07 324000 10000 1136</u> PIN: (23 digits) <u>04-038 24809 07 324000 10000 1136</u> Recorded Document: (i.e. Property Ownership) <u>587</u> Page(s)
Section <u>7</u> , Township <u>48</u> N, Range <u>9</u> W	Town of: <u>DULU</u> Lot Size: <u>20</u> Acreage
<input checked="" type="checkbox"/> Shoreland <u>→</u>	<input checked="" type="checkbox"/> Is Property/land within 300 feet of River, Stream (ind. intermittent) <u>→</u> Distance Structure is from Shoreline: <u>130</u> feet
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>→</u> Distance Structure is from Shoreline: <u>130</u> feet
If yes—continue <u>→</u>	
Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material <u>\$ 20,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>TRUNK</u>	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Conversion	<input type="checkbox"/> Basement	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>50</u>	Width: <u>30</u>	Height: <u>16</u>
Proposed Construction:	Length: <u>50</u>	Width: <u>30</u>	Height: <u>16</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	with Loft	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	with a Porch	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	with (2 nd) Deck	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	with (2 nd) Deck	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	with Attached Garage	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	Mobile Home (manufactured date)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	Addition/Alteration (specify)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	Accessory Building (specify) <u>work shop</u>	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	Special Use: (explain)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	Conditional Use: (explain)	(<u> </u>)	(<u> </u>)
<input type="checkbox"/>	Other: (explain)	(<u> </u>)	(<u> </u>)

Rec'd for Issuance	<u>JUN 27 2016</u>
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FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) hereby certify that this application includes any accompanying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Bryan K Bonikowski
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached Pic

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	256 Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	100 Feet		
Setback from the South Lot Line	450 Feet	Setback from Wetland	256 Feet
Setback from the West Lot Line	200 Feet	20% Slope Area on property	X Yes <input type="checkbox"/> No
Setback from the East Lot Line	450 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	300 Feet	Setback to Well	35 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.


The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 16-575	# of bedrooms: 2	Sanitary Date: 6-10-14					
Permit Denied (Date):		Reason for Denial:							
Permit #: 16-0173		Permit Date: 6-27-14							
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Case #:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	Case #:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Inspection Record: 5-25-16 inspection: outfall pipe + wetland/shoreline grading no man creek/stream. violations to code - new 54 system installed (see attached photos) 6-22-16 DNR NO.N. SEAT + VIOLATION TRANSFERRED TO THE TOWN OF GREENBOW. MURPHY									
Date of Inspection: 5-25-16		Inspected by: J. Greenbow	Zoning District: A2.1						
			Classification: 3 stream						
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)									
Building shall not be used for habitation or sleeping purposes. No pressure water in the building									
Signature of Inspector:		Date of Approval: 6-27-16							
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>					

200 ft



Legend

 Feature 1

- Below: Draw
- (1) Show
 - (2) Show
 - (3) Show
 - (4) Show
 - (5) Show
 - (6) Show
 - (7) Show